

Attention:

**Harris County Domestic Relations Office
Family Court Services Division
1310 Prairie, Suite 620, Houston, Texas 77002
Phone: (713)-755-5706/Fax: (713) 755-7150**

SOCIAL STUDY INFORMATION FOR CAUSE NO.: 6

Print or type all information and return to the above address within five (5) days. If there is not enough space for any inquiry, please provide any additional information on a separate sheet of paper.

Information about You

Name (first, middle, last, maiden): _____
Address: _____ City: _____ Zip: _____
Home phone #: _____ Cell phone #: _____ Work phone #: _____
Birth date: _____ City/ State where you were born: _____
Immigration status and identification #: _____
Highest education level (*GED, high school grad., some college, college grad.*): _____
Driver's License Number/State: _____ Social Security Number: _____
Military Service(*dates, branch, type of discharge*): _____
Religious preference: _____ Attendance, (*none, occasionally, weekly*): _____

Your Family History

Your Parents:
Father's name: _____ Place of residence: _____ Deceased: _____
Mother's name: _____ Place of residence: _____ Deceased: _____
Siblings: Number of Brothers: _____ Number of Sisters: _____

Your Employment History

Present employer: _____ Title/ position: _____
Start date: _____ Supervisor's name: _____ Phone #: _____
Past employment: (*give names of businesses, start and end dates and reason for termination for last 5 years*)

Name of Company/ Business	Start/End Date	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Health Information

Present health status (*poor, good, excellent*): _____
Prior health concerns/ significant treatments/ hospitalizations, (*dates, places and reasons*): _____

Past/ present psychological treatment/ counseling, (*dates, places and reasons*): _____

Past/ present substance abuse treatment/ counseling, (*dates, places and reasons*): _____

Present medications: _____

Marital/Relationship History

1. Name of **PRESENT** spouse/partner (first, middle, last, maiden): _____
Birth date: _____ City/ State where they were born: _____
Date/place of marriage: _____ Social Security #: _____
If not married, does your partner live with you? _____ Date relationship began: _____

Child(ren) of this Relationship/Marriage:

Name: _____ Date of birth: _____ Place of birth: _____
Name: _____ Date of birth: _____ Place of birth: _____

2. Name of the **first person** you married or partner with whom you had children: _____

Child(ren) of this Relationship/Marriage:

Name: _____ Date of birth: _____ Place of birth: _____
Name: _____ Date of birth: _____ Place of birth: _____

Date and place of **marriage**: _____ If widowed, date of spouse's death _____
Date of divorce: _____ County/State granted: _____ Cause #: _____

If a **non-marriage relationship** with children, dates of relationship: _____

Date of paternity establishment: _____ County/State granted: _____ Cause #: _____

Conservatorship (Custody terms): Joint _____ Sole _____ Possession (Visitation): Standard _____ Modified: _____

Monthly child support: \$ _____ Are payments current: _____ Arrearage balance (estimated): \$ _____

3. Name of the **second person** you married or partner with whom you had children: _____

Child(ren) of this Relationship/Marriage:

Name: _____ Date of birth: _____ Place of birth: _____
Name: _____ Date of birth: _____ Place of birth: _____

Date and place of **marriage**: _____ If widowed, date of spouse's death _____

Date of divorce: _____ County/State granted: _____ Cause #: _____

If a **non-marriage relationship** with children, dates of relationship: _____

Date of paternity establishment: _____ County/State granted: _____ Cause #: _____

Conservatorship (Custody terms): Joint _____ Sole _____ Possession (Visitation): Standard _____ Modified: _____

Monthly child support: \$ _____ Are payments current: _____ Arrearage balance (estimated): \$ _____

4. Name of the **third person** you married or partner with whom you had children: _____

Child(ren) of this Relationship/Marriage:

Name: _____ Date of birth: _____ Place of birth: _____
Name: _____ Date of birth: _____ Place of birth: _____

Date and place of **marriage**: _____ If widowed, date of spouse's death _____

Date of divorce: _____ County/State granted: _____ Cause #: _____

If a **non-marriage relationship** with children, dates of relationship: _____

Date of paternity establishment: _____ County/State granted: _____ Cause #: _____

Conservatorship (Custody terms): Joint _____ Sole _____ Possession (Visitation): Standard _____ Modified: _____

Monthly child support: \$ _____ Are payments current: _____ Arrearage balance (estimated): \$ _____

Criminal History

None			
Arrest or Charge:	Case Number:	Date of Offense:	Result (probation, sentence, etc.):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CPS History (Department of Family & Protective Services)

None
Allegations: _____ Date of Allegations: _____ Result: (i.e., validated, factor's controlled, etc.): _____

Information Regarding Children of this Suit and All Children Living In Your Home

1. Name: _____ Date of birth: _____ Social Security No.: _____
School or Childcare: _____ Current school grade: _____
Present health status (*poor, good, excellent*) _____
Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: _____

2. Name: _____ Date of birth: _____ Social Security No.: _____
School or Childcare: _____ Current school grade: _____
Present health status (*poor, good, excellent*) _____
Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: _____

3. Name: _____ Date of birth: _____ Social Security No.: _____
School or Childcare: _____ Current school grade: _____
Present health status (*poor, good, excellent*) _____
Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: _____

4. Name: _____ Date of birth: _____ Social Security No.: _____
School or Childcare: _____ Current school grade: _____
Present health status (*poor, good, excellent*) _____
Prior/current health concerns/ hospitalizations, (*dates, places and reasons*) and medications: _____

Documents Requested

Please have the following documents available for review at the time of the home visit:

1. Birth certificate for the child(ren) in the suit.
2. Marriage license(s) for current marriage.
3. Divorce decrees or court orders regarding previous marriages/relationships.
4. Most recent paycheck stubs (2-4), DBA or business registration, or letter to verify employment.
5. Most recent report cards for school-age child(ren).
6. Citizenship papers (permanent residency card or naturalization paperwork), if applicable.
7. Death certificates, if applicable.
8. A copy of driver's license for all adults living in the home.
9. A list of at least five (5) references that includes at least one nonrelated individual. Please make sure their names, city and state of residence, and daytime phone numbers are included (home, cell, work).

SIGNATURE: I affirm that all information provided in this Social Study Information is true, correct and complete.

(Signature)

(Date)